

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	laura M. West	on	
II. Name of lobbyist's partnersh	ip, firm or corporation, if any	•	
MM Weston + (Name of partners	AJSOCIAKS, PLL ship, firm or corporation)	.c	
PO BOX 990	Concord	λJ + I	03302
Business Address: (Street)	Concord (Town/City)	(State)	(Zip Code)
(laB) 224 · 4077 (Telephone)	(403) 224 - 409 (Fax)	9 e-mail Maira	e mmwaton. onmi
III. This statement covers: (Cbo reportable expense transactions			ay file a separate report for
All reportable transactions occ	curring in the months prior to th	e reporting date relative to th	e following client:
Derry Medical (Full Name	and Lundonde of Client as it appears on the Lobb	VYY FUMIL Provist Registration Form	active_
All reportable transactions by unrelated to any particular client.	the lobbyist (including the lobby	yist's family), or the lobbying	g firm listed below which are
IV. Date of Report April 26, Reports cover: activity from date	2017 - of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	
	25, 2017	January 31, 2018 activity from 10/1/17 to 12/31.	/17
V. There have been no fees re If this box is checked, complete ju Concord, NH 03301.			
VI. Check if additional reports	are attached:		
If you have received fees or n	nade expenditures, you must file	Addendum A- Fees and E	xpenses
If you have paid an honorariu Expense Reimbursement	m or reimbursed expenses, you	must file Addendum B- Re	port of Honorariums or
If you, your firm, or your fam	ily has made political contribut	ions, you must file Addendu	ım C- Political Contributions
Sworn Statement/Affirmation b 1 have read RSA 15, RSA 15-B, R and complete to the best of my kn	RSA 14-C and RSA 664 and her		
		<u>4-24-17</u> (Da	
(Signature of Tobbyist)		(Da	te)
Maura M. Weston	1		
(Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Maura M. Weston	
II. Name of lobbyist's partnership, firm or corporation, if any:	
MM WESton & ASSOCIATES, PLLC (Name of partnership, firm or corporation)	
III. Name of Client Derry Medical and Londonderry Family Practs	Date
Family Practs	l (
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 18,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ear)
c) Total of all fees received to date (Add lines a and b)	c)\$ 18000
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm a aggregate total of all expenses pai expenses; (b) the aggregate total of all expenses; (a) the aggregate total of all expenses; (b) the aggregate total of all expenses of expenses reimbursement, or political expenses reimbursement.
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI	6) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$(Y, 66 6
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 18 000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
***************************************	***************************************
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
1222	4-26-17
(Signature of lobbyist)	(Date)
Maura M. Weston	
(Print Name of lobbyist)	